

# Healthy Iowans 2017-2021

## Iowa's Health Improvement Plan



### Health System Improvement

REVISED August 2019



Coordinated by the  
Bureau of Public Health Performance  
Iowa Department of Public Health



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# FOCUS AREA: Health System Improvement

## What Health Issues Are Included

Health System Improvement & Evidence-Based Decision Making  
Transportation  
Insurance Affordability & Coverage  
Lack of Primary Care Services

## Health System Improvement Measures of Health Improvement

**HSI-1** Increase ↑ the percentage of patients who report a positive overall rating of hospital communication.\*

Overall ☹️

Target: 85%

Baseline: 80.5% [2016]

Newest: 80% [2017]≈0%↔ no change

Data Source: U.S. Centers for Medicare & Medicaid Services. Data.Medicare.gov. Hospital Compare data archive. HOSArchive\_Revised\_FlatFiles, HCAHPS – State measures. <https://data.medicare.gov/data/archives/hospital-compare> \*This measure is an unweighted average of patient reports of how often doctors and nurses "Always Communicated Well," hospital staff "Always Explained" their medicines, and hospital staff "Provided Information About Their Recovery Plan".

**HSI-2** Decrease ↓ the rate of preventable hospitalizations (discharges per 1,000 Medicare enrollees).

Overall ☹️

Target: 45

Baseline: 48 [2014]

Newest: 49 [2015]≈1%↑ increase

Black ☹️

Target: 61

Baseline: 64 [2014]

Newest: 59 [2015]≈9%↓ decrease

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. Discharges for Ambulatory Care-Sensitive Conditions per 1,000 Medicare Enrollees, by Race. <http://archive.dartmouthatlas.org/>

**HSI-3** Decrease ↓ the percentage of adults who cannot afford to see a doctor because of the cost.

Overall ☹️

Target: 7%

Baseline: 7.7% [2016]

Newest: 7.9% [2017]≈2%↑ increase

Adults with Disability\* ☹️

Target: 13%

Baseline: 14% [2016]

Newest: 13% [2017]≈13%↓ decrease

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. <https://www.cdc.gov/brfss/brfssprevalence> \*Additional IDPH analysis of national BRFSS data.

**HSI-4** Increase ↑ the number of primary care physicians per 100,000 population.

Overall ☹️

Target: 78

Baseline: 73 [2015]

Newest: 72 [2016]≈2%↓ decrease

Data Source: US DHHS, Health Resources and Services Administration, Area Health Resource File. Courtesy: University of Wisconsin Population Health Institute, County Health Rankings. Rankings Data & Documentation, National Data & Documentation. <https://www.countyhealthrankings.org/>

**HSI-5** Increase ↑ the percentage of adults who have one person who they think of as their personal health care provider.

<u>Overall ☹</u> Target: 82% Baseline: 77% [2016] Newest: 73% [2017]≈5%↓ decrease	<u>Black, non-Hispanic ☹</u> Target: 71% Baseline: 67% [2016] Newest: 70% [2017]≈5%↑ increase	<u>Male ☹</u> Target: 75% Baseline: 71% [2016] Newest: 68% [2017]≈4%↓ decrease
<u>Asian, non-Hispanic ☹</u> Target: 60% Baseline: 56% [2016] Newest: 61% [2017]≈8%↑ increase	<u>Hispanic ☹</u> Target: 65% Baseline: 61% [2016] Newest: 59% [2017]≈4%↓ decrease	

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. <https://www.cdc.gov/brfss/brfssprevalence>

**HSI-6** Increase ↑ the percentage of adults who have had a routine check-up in the last year.

<u>Overall ☹</u> Target: 76% Baseline: 72% [2016] Newest: 70% [2017]≈2%↓ decrease	<u>Male ☹</u> Target: 70% Baseline: 66% [2016] Newest: 64% [2017]≈4%↓ decrease	
<u>Ages 18-24 ☹</u> Target: 65% Baseline: 62% [2016] Newest: 60% [2017]≈3%↓ decrease	<u>Ages 25-34 ☹</u> Target: 62% Baseline: 59% [2016] Newest: 56% [2017]≈4%↓ decrease	<u>Ages 35-44 ☹</u> Target: 65% Baseline: 62% [2016] Newest: 62% [2017]≈0%↔ no change

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. <https://www.cdc.gov/brfss/brfssprevalence>

**HSI-7** Increase ↑ the percentage of adolescents who have had one or more preventive medical visits in the last year.

<u>Ages 12-17 ☹</u> Target: 83% Baseline: 79% [2016] Newest: 82% [2017]≈4%↑ increase
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Data Source: Child and Adolescent Health Measurement Initiative [www.cahmi.org](http://www.cahmi.org). Data Resource Center for Child and Adolescent Health. National Survey of Children's Health. National Performance Measure #10. <https://www.childhealthdata.org/browse/survey>

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## Iowa Health Issue: Health System Improvement & Evidence-Based Decision Making

### Iowa Counties with Local Strategies

Cerro Gordo, Clay, Clayton, Crawford, Dallas, Davis, Dubuque, Fremont, Greene, Grundy, Hardin, Humboldt, Jackson, Keokuk, Linn, Mitchell, Muscatine, Pocahontas, Ringgold, Sioux, Van Buren, Warren, Wayne, Woodbury

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Health System Improvement & Evidence-Based Decision Making

**Goal #1** Increase person and family engagement in decision making.

#### Alignment with National Plans

Centers for Medicare & Medicaid Services (CMS) Person and Family Engagement Strategy  
<https://blog.cms.gov/2016/12/13/cms-releases-its-person-and-family-engagement-strategy/>

#### Alignment with State / Other Plans

Iowa State Innovation Model, Statewide Strategy Plans, Person and Family Engagement and Care Coordination  
<https://idph.iowa.gov/SIM>

#### Health System Improvement & Evidence-Based Decision Making

Objective 1-1	By 2018, increase the number of hospitals that have a Person and Family Advisory Council or patient representation on a patient safety or quality improvement work group, committee, or team.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	41.5	2018	50

Data Source & Location: Hospital self-report through Hospital Engagement Network/Hospital Improvement Innovation Network (HIIN) reporting; Iowa Healthcare Collaborative

#### Health System Improvement & Evidence-Based Decision Making

**Strategy 1-1.1** Disseminate person and family engagement best practice resources to hospitals through learning communities, web-based events, and communities of practice.

Strategy Type  
Professional/provider-focused

#### Strategy Source & Location

Iowa Healthcare Collaborative HIIN program strategy

#### Who's Responsible

Iowa Healthcare Collaborative

#### Target Date

Sep 29, 2018

## Health System Improvement & Evidence-Based Decision Making

**Goal #2** Improve care provided by critical access hospitals and emergency medical service providers to patients presenting with sudden cardiac arrest (SCA).

### Alignment with National Plans

Helmsley Charitable Trust <http://helmsleytrust.org/case-studies/milestone-healthier-hearts-upper-midwest>

### Alignment with State / Other Plans

ACS Trauma Consultation Report for Iowa [https://idph.iowa.gov/Portals/1/userfiles/61/Iowa%20TSC%20Report%20\\_Final.pdf](https://idph.iowa.gov/Portals/1/userfiles/61/Iowa%20TSC%20Report%20_Final.pdf)

## Health System Improvement & Evidence-Based Decision Making

Objective 2-1	Distribute approximately 435 Lucas Assistive Devices for Cardiac Arrest Program (LADCAP) to emergency medical services and critical access hospitals across the state.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	109	2019	435

Data Source & Location | Iowa Department of Public Health, Bureau of Emergency and Trauma Services records

Report Date

Year

Apr 26, 2019

2018

Value

485

#### Progress on Objective

- |  |  |
|--|--|
| <input type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction |
| <input checked="" type="checkbox"/> Met, no trend      | <input type="checkbox"/> Not met, no trend                 |
| <input type="checkbox"/> Met, trend in wrong direction | <input type="checkbox"/> Not met, trend in wrong direction |

Progress notes: There is no trend due to completion of the full grant. The bureau had excess funding and was able to exceed the goal of 435 Lucas devices to critical access hospital and EMS services in the state of Iowa.

## Health System Improvement & Evidence-Based Decision Making

**Strategy 2-1.1** Equip EMS agencies and critical access hospitals with Lucas Device Systems. Strategy Type  
Professional/provider-focused

### Strategy Source & Location

Iowa Department of Public Health, Bureau of Emergency and Trauma Services

### Who's Responsible

Iowa Department of Public Health, Bureau of Emergency and Trauma Services

### Target Date

Dec 31, 2019

Report Date

Apr 26, 2019

#### Progress on Strategy

- |  |                                   |                                    |                                      |
|--|-----------------------------------|------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Complete | <input type="checkbox"/> On track | <input type="checkbox"/> Off track | <input type="checkbox"/> No progress |
|--|-----------------------------------|------------------------------------|--------------------------------------|

Progress notes: Lucas device systems were distributed to 65 critical access hospitals, and 420 Lucas device systems were distributed to EMS services in the state of Iowa.

## Health System Improvement & Evidence-Based Decision Making

Objective 2-2	Increase the number of emergency medical providers and hospital personnel who have received train the trainer education on how to efficiently and safely use the Lucas device system.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	220	2019	870 REVISED: 778

Data Source & Location | Bureau of Emergency and Trauma Services spreadsheet

Report Date  
Apr 26, 2019

Year

2018

Value

778

Progress on Objective

- |  |  |
|--|--|
| <input type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction |
| <input checked="" type="checkbox"/> Met, no trend      | <input type="checkbox"/> Not met, no trend                 |
| <input type="checkbox"/> Met, trend in wrong direction | <input type="checkbox"/> Not met, trend in wrong direction |

Progress notes: The initial goal was based on the quantity of Lucas device systems that were estimated to be distributed with two persons per device receiving the Train-the Trainer education. The revised goal was based on the number of EMS services that are receiving Lucas device systems. Some EMS services received multiple devices, but only two persons attended the training for the receiving EMS service.

Health System Improvement & Evidence-Based Decision Making

**Strategy 2-2.1** Contract with Physio Control to provide train the trainer education to hospital and EMS staff.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Bureau of Emergency and Trauma Services

Who's Responsible

Iowa Department of Public Health, Bureau of Emergency and Trauma Services

Target Date

Dec 31, 2019

Report Date

Apr 26, 2019

Progress on Strategy

- ☒ Complete ☐ On track ☐ Off track ☐ No progress

Progress notes: 778 providers received training.

Health System Improvement & Evidence-Based Decision Making

**Objective 2-3** Improve data systems to track the Lucas equipment.

Baseline  
Year

2016

Baseline  
Value

0

No system

Target  
Year

2019

Target  
Value

1

system

Data Source & Location  
Iowa Department of Public Health, Bureau of Emergency and Trauma Services

Report Date  
Apr 26, 2019

Year

2018

Value

1

Progress on Objective

- |  |  |
|--|--|
| <input type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction |
| <input checked="" type="checkbox"/> Met, no trend      | <input type="checkbox"/> Not met, no trend                 |
| <input type="checkbox"/> Met, trend in wrong direction | <input type="checkbox"/> Not met, trend in wrong direction |

Progress notes: This objective was revised to more accurately report on the tracking of user location of Lucas devices, not the use of devices.

Health System Improvement & Evidence-Based Decision Making

**Strategy 2-3.1** Continue to improve on process to track Lucas device usage.

Strategy Type

Policy-focused

Strategy Source & Location

Iowa Department of Public Health, Bureau of Emergency and Trauma Services

Who's Responsible

Iowa Department of Public Health, Bureau of Emergency and Trauma Services

Target Date

Dec 31, 2019

Report Date

Apr 26, 2019

Progress on Strategy

- ☒ Complete ☐ On track ☐ Off track ☐ No progress

Progress notes: Based on the revised objective, this has been completed. Approximately June of 2018, the University of North Dakota ended the monitoring of usage and lives saved. The bureau is able to track "mechanical CPR device" usage, but not grant issued Lucas device specific usage.

#### Health System Improvement & Evidence-Based Decision Making

**Goal #3** Increase the use of standardized methods to assess the development of young children.

##### Alignment with National Plans

Title V Maternal and Child Health National Performance Measure #6 <https://mchb.tvisdata.hrsa.gov/>

##### Alignment with State / Other Plans

Title V State Plan Narrative <http://idph.iowa.gov/family-health>

#### Health System Improvement & Evidence-Based Decision Making

Objective 3-1	Increase the percent of Iowa children, ages 10-71 months, receiving a developmental screening using a parent-completed screening tool from 34.3% in 2012 to 40.3% in 2021.	Baseline Year	Baseline Value	Target Year	Target Value
		2012	34.3%	2021	40.3%

Data Source & Location: National Survey of Children's Health (NSCH), National Performance Measure #6  
<http://childhealthdata.org/browse/survey>

#### Health System Improvement & Evidence-Based Decision Making

**Strategy 3-1.1** Bureau of Family Health will promote parent and caregiver awareness of developmental screening. **Strategy Type**  
Individual/interpersonal-focused

##### Strategy Source & Location

Iowa Department of Public Health, Bureau of Family Health

##### Who's Responsible

Iowa Department of Public Health, Bureau of Family Health

##### Target Date

July 1, 2019

#### Health System Improvement & Evidence-Based Decision Making

**Goal #4** Increase the percentage of Iowa school districts and accredited non-public schools with concussion management protocols supporting students returning to the classroom following concussion.

##### Alignment with National Plans

N/A

##### Alignment with State / Other Plans

Traumatic Brain Injury State Implementation Partnership Grant

#### Health System Improvement & Evidence-Based Decision Making

Objective 4-1	By 2019, 50% of school districts will have a concussion management protocol for supporting students returning to the classroom following concussion.	Baseline Year	Baseline Value	Target Year	Target Value
		2018	6.27%	2019	50%

Data Source & Location: To be developed.



#### Health System Improvement & Evidence-Based Decision Making

**Strategy 4-1.1** Annually, conduct a survey for school districts and accredited non-public schools to determine whether or not they have a protocol in place. Strategy Type  
Professional/provider-focused

##### Strategy Source & Location

Iowa Department of Public Health, Brain Injury Program

##### Who's Responsible

Iowa Department of Public Health, Brain Injury Program

##### Target Date

Jan 1, 2021

#### Health System Improvement & Evidence-Based Decision Making

**Strategy 4-1.2** By August 2017, concussion management guidelines will be drafted and distributed to all Iowa school districts and accredited non-public schools. Strategy Type  
Professional/provider-focused

##### Strategy Source & Location

Guidelines will be modeled off recommendations outlined in the Remove/Reduce, Educate, Adjust/ Accommodate Pace (REAP) post-concussion model and from concussion guidelines produced by other states, such as Colorado, Kansas, and New York. <http://biaia.org/ICC/reap-full-publication.pdf>

##### Who's Responsible

Iowa Department of Public Health, Brain Injury Program and Iowa Department of Education

##### Target Date

Aug 1, 2017

##### Report Date

March 19, 2019

##### Progress on Strategy

☐ Complete ☒ On track ☐ Off track ☐ No progress

Progress notes: An updated version of the [Concussion Guidelines for Iowa Schools](#) is currently being drafted with plans for dissemination in Spring 2019.

#### Health System Improvement & Evidence-Based Decision Making

**Strategy 4-1.3** Develop administrative rules to comply with the legislation. Strategy Type  
Policy-focused

##### Strategy Source & Location

Implementation of House File 2442

##### Who's Responsible

Iowa Department of Public Health, Brain Injury Program and the Iowa High School Athletic Association and Iowa High School Girls Athletic Union

##### Target Date

Jul 1, 2019

##### Report Date

March 19, 2019

##### Progress on Strategy

☒ Complete ☐ On track ☐ Off track ☐ No progress

Progress notes: Administrative rules (641.54) were developed and adopted in January 2019.

#### Health System Improvement & Evidence-Based Decision Making

**Strategy 4-1.4** Through 2021, provide training and technical assistance to school districts and accredited non-public schools wishing to develop and implement concussion management protocols. Strategy Type  
Professional/provider-focused

##### Strategy Source & Location

Training and technical assistance will be based on REAP manual and the concussion management guidelines, to be developed in strategy 4-1.2 <http://biaia.org/ICC/reap-full-publication.pdf>

##### Who's Responsible

Iowa Department of Public Health, Brain Injury Program, Iowa Department of Education, and Brain Injury Alliance of Iowa

##### Target Date

Jan 1, 2021

## Health System Improvement & Evidence-Based Decision Making

**Goal #5** Improve the quality of cause of death data collected on mortality records.

### Alignment with National Plans

National Center for Health Statistics <https://www.cdc.gov/nchs/nvss/deaths.htm>

### Alignment with State / Other Plans

CDC Technical Grant

## Health System Improvement & Evidence-Based Decision Making

Objective 5-1	Improve the quality of death data by decreasing the number of unspecified cancer mortality records as the underlying cause of death (defined as Code 80) within 90 days after submission to the National Center for Health Statistics (NCHS) from 1% to 0.3%.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	1.0%	2018	0.3%

Data Source & Location: Iowa Department of Public Health, Bureau of Health Statistics. Iowa Vital Events System.

Report Date  
April 18, 2019

Year

2018

Value

0.6%

#### Progress on Objective

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                            | <input type="checkbox"/> Not met, no trend                 |
| <input type="checkbox"/> Met, trend in wrong direction            | <input type="checkbox"/> Not met, trend in wrong direction |

Progress notes: Training module was completed and users have accessed the module. Number of unspecified ICD codes has decreased slightly since implement of the training module. Project is completed.

## Health System Improvement & Evidence-Based Decision Making

**Strategy 5-1.1** Create an online training module related to cancer mortality.

### Strategy Type

Professional/provider-focused

### Strategy Source & Location

CDC Technical Proposal 2016-Q-00953

### Who's Responsible

Iowa Department of Public Health, Bureau of Health Statistics

### Target Date

Apr 1, 2018

### Report Date

Feb 22, 2019

#### Progress on Strategy

- ☒ Complete ☐ On track ☐ Off track ☐ No progress

Progress notes: Training has been completed and implemented.

## Health System Improvement & Evidence-Based Decision Making

Objective 5-2	Increase the quality of death records by decreasing unspecified drug mortality records so that there are no more than 5% of the mortality records with a drug poisoning death containing only the code of T50.9 (i.e., T50.9 is defined as other and unspecified drugs) within 150 days after submission to NCHS.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	5.825%	2018	5%

Data Source & Location: Iowa Department of Public Health, Bureau of Health Statistics. Iowa Vital Events System.

Report Date  
Feb. 22, 2019

Year

2018

Value

1.4%

Progress on Objective

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                            | <input type="checkbox"/> Not met, no trend                 |
| <input type="checkbox"/> Met, trend in wrong direction            | <input type="checkbox"/> Not met, trend in wrong direction |

Progress notes: This objective has been achieved.

Health System Improvement & Evidence-Based Decision Making

**Strategy 5-2.1** Create an online training module related to drug mortality records.

Strategy Type

Professional/provider-focused

Strategy Source & Location

CDC Technical Proposal 2016-Q-00953

Who's Responsible

Iowa Department of Public Health, Bureau of Health Statistics

Target Date

Apr 1, 2018

Report Date

Feb 22, 2019

Progress on Strategy

- |  |                                   |                                    |                                      |
|--|-----------------------------------|------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Complete | <input type="checkbox"/> On track | <input type="checkbox"/> Off track | <input type="checkbox"/> No progress |
|--|-----------------------------------|------------------------------------|--------------------------------------|

Progress notes: The on-line training module has been completed.

Health System Improvement & Evidence-Based Decision Making

**Objective 5-3** Increase the quality of mortality records so that no more than 0.3% of the mortality records containing an ill-defined cause of death (i.e., ill-defined causes of death are defined as those records containing an underlying cause code of R00-R94 or R96-R99 AND neither the manner nor the cause of death code is pending) within 90 days after submission to NCHS.

Baseline Year	Baseline Value	Target Year	Target Value
2015	0.91%	2018	0.3%

Data Source & Location  
Iowa Department of Public Health, Bureau of Health Statistics

Report Date

Feb 22, 2019

Year

2018

Value

TBD

Progress on Objective

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                            | <input type="checkbox"/> Not met, no trend                 |
| <input type="checkbox"/> Met, trend in wrong direction            | <input type="checkbox"/> Not met, trend in wrong direction |

Progress notes: Ill-defined cause reporting is decreasing

Health System Improvement & Evidence-Based Decision Making

**Strategy 5-3.1** Create an online training module on death records for death certifiers.

Strategy Type

Professional/provider-focused

Strategy Source & Location

CDC Technical Proposal 2016-Q-00953

Who's Responsible

Iowa Department of Public Health, Bureau of Health Statistics

Target Date

Apr 1, 2018

Report Date

Feb 22, 2019

Progress on Strategy

- |  |                                   |                                    |                                      |
|--|-----------------------------------|------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Complete | <input type="checkbox"/> On track | <input type="checkbox"/> Off track | <input type="checkbox"/> No progress |
|--|-----------------------------------|------------------------------------|--------------------------------------|

Progress notes: Module is completed and in full use.

## Health System Improvement & Evidence-Based Decision Making

**Goal #6** Assure equitable public health services across the state.

### Alignment with National Plans

Public Health National Center for Innovation at the Public Health Accreditation Board <http://www.phaboard.org/>

### Alignment with State / Other Plans

N/A

## Health System Improvement & Evidence-Based Decision Making

Objective 6-1	Increase the percentage of Iowa's population provided with the foundational public health services by the governmental public system.	Baseline Year	Baseline Value	Target Year	Target Value
		2017	Unknown	2021	TBD

**Data Source & Location** To be developed. Data will be collected by the Public Health Advisory Council.

## Health System Improvement & Evidence-Based Decision Making

**Strategy 6-1.1** Using the foundational public health services model, develop a description of baseline public health services provided by the governmental public health system.

Strategy Type  
Policy-focused

### Strategy Source & Location

Public Health Advisory Council. The plan is not formalized at this time.

### Who's Responsible

Public Health Advisory Council

### Target Date

Mar 1, 2019

## Health System Improvement & Evidence-Based Decision Making

**Strategy 6-1.2** Determine the percentage of Iowa's population that are provided with the foundational public health services by the governmental public health system.

Strategy Type  
Policy-focused

### Strategy Source & Location

Public Health Advisory Council. The plan is not formalized at this time.

### Who's Responsible

Public Health Advisory Council

### Target Date

Mar 1, 2019

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## Health System Improvement & Evidence-Based Decision Making

**Goal #7** Use data governance to ensure consistent practices at the Iowa Department of Public Health related to data.

### Alignment with National Plans

Public Health Informatics Institute. *Building an Informatics Savvy Health Department* <http://www.phii.org/infosavvy>

### Alignment with State / Other Plans

Iowa Department of Public Health, Unpublished Data Management Work Plan

## Health System Improvement & Evidence-Based Decision Making

Objective 7-1	Improve the cycle time from request to data sharing for Iowa Department of Public Health Data Sharing Agreements (DSAs) and Research Agreements (RAs).	Baseline Year	Baseline Value	Target Year	Target Value
		2016	54 days	2018	30 days

Data Source & Location | Iowa Department of Public Health, Data Management Program

## Health System Improvement & Evidence-Based Decision Making

**Strategy 7-1.1** Conduct a quality improvement project to review the data sharing process and identify areas for improvement. Strategy Type Policy-focused

### Strategy Source & Location

Iowa Department of Public Health, Data Management Program

### Who's Responsible

Iowa Department of Public Health, Data Management Program

### Target Date

Dec 31, 2017

Report Date | Progress on Strategy  
March 26, 2019 | ☒ Complete ☐ On track ☐ Off track ☐ No progress

Progress notes: Quality improvement activities have been completed.

## Health System Improvement & Evidence-Based Decision Making

**Goal #8** Increase the number of Data Sharing Agreements (DSAs) to ensure that data are being provided to internal and external Iowa Department of Public Health stakeholders to promote evidence-based decisions.

### Alignment with National Plans

Public Health Informatics Institute. *Building an Informatics Savvy Health Department* <http://www.phii.org/infosavvy>

### Alignment with State / Other Plans

Iowa Department of Public Health, Unpublished Data Management Work Plan

## Health System Improvement & Evidence-Based Decision Making

Objective 8-1	Increase the number of new DSAs by 10 per year.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	76	2020	116

Data Source & Location | Iowa Department of Public Health, Data Management Program

## Health System Improvement & Evidence-Based Decision Making

**Strategy 8-1.1** Educate Iowa Department of Public Health staff on the need for DSAs for data sharing through trainings and bureau meeting presentations.

Strategy Type  
Professional/provider-focused

### Strategy Source & Location

Iowa Department of Public Health, Data Management Program

### Who's Responsible

Iowa Department of Public Health, Data Management Program

### Target Date

Dec 31, 2020

## Health System Improvement & Evidence-Based Decision Making

**Strategy 8-1.2** Conduct outreach with public health stakeholders in the state, including local public health, researchers, and state-level organizations to promote the use of Iowa Department of Public Health data.

Strategy Type  
Professional/provider-focused

### Strategy Source & Location

Iowa Department of Public Health, Data Management Program

### Who's Responsible

Iowa Department of Public Health, Data Management Program

### Target Date

Dec 31, 2020

## Health System Improvement & Evidence-Based Decision Making

**Goal #9** Integrate services for Children and Youth with Special Health Care Needs (CYSHCN).

### Alignment with National Plans

Title V State Priority Measure

### Alignment with State / Other Plans

Iowa Title V CYSHCN Program Goal

## Health System Improvement & Evidence-Based Decision Making

Objective 9-1	By 2020, increase the percent of families of CYSHCN who report being very satisfied with communication with and between their health providers and other programs.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	44%	2020	49%

Data Source & Location: National Survey of Children's Health, Question: Satisfaction with communication among child's doctor and other health care providers. <http://www.childhealthdata.org/browse/survey>

## Health System Improvement & Evidence-Based Decision Making

**Strategy 9-1.1** Develop and implement protocols for the utilization of a Shared Plan of Care to improve coordination of care for children and youth with special health care needs.

Strategy Type  
Professional/provider-focused

### Strategy Source & Location

Iowa Title V Maternal and Child Health State Action Plan, 2016.

<https://mchbtvis.hrsa.gov/Print/StateActionPlanTable/556e4c7f-a47f-4a72-938c-3e24b58034d6>

### Who's Responsible

Child Health Specialty Clinics, Division of Child and Community Health Integration Strategy Team

### Target Date

Jan 1, 2020

Report Date  
Mar 1, 2019

### Progress on Strategy

☒ Complete ☐ On track ☐ Off track ☐ No progress

Progress notes: Protocols for the utilization of Shared Plans of Care have been developed and implemented.

#### Health System Improvement & Evidence-Based Decision Making

<b>Objective 9-2</b>	By 2020, increase the percentage of CYSHCN who report receiving services in a well-functioning system.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	23.5%	2020	33%

Data Source & Location | National Survey of Children's Health  
<https://www.childhealthdata.org/browse/survey/results?q=4563&r=17>

#### Health System Improvement & Evidence-Based Decision Making

**Strategy 9-2.1** Collaborate with Division of Child and Community Health to support increased use of telemedicine, consultative models, and other electronic communications to enhance access to pediatric specialty care and ancillary services for CYSHCN particularly for children living in rural Iowa.

Strategy Type  
Policy-focused

##### Strategy Source & Location

Iowa Title V Maternal and Child Health State Action Plan, 2016.

<https://mchbtvis.hrsa.gov/Print/StateActionPlanTable/556e4c7f-a47f-4a72-938c-3e24b58034d6>

##### Who's Responsible

Child Health Specialty Clinics, Division of Child and Community Health Integration Strategy Workgroup

##### Target Date

Jan 1, 2020

#### Health System Improvement & Evidence-Based Decision Making

**Goal #10** Expand the impact of the Iowa Public Health Tracking Portal in evidence-based decision-making.

##### Alignment with National Plans

Centers for Disease Control and Prevention (CDC), National Environmental Public Health Tracking Network <https://ephtracking.cdc.gov>

##### Alignment with State / Other Plans

Iowa Department of Public Health, Unpublished Data Management Work Plan

#### Health System Improvement & Evidence-Based Decision Making

<b>Objective 10-1</b>	Increase the number of hits on the Iowa Public Health Tracking Portal pages by 10% per year.	Baseline Year	Baseline Value	Target Year	Target Value
		2017	24,465	2020	30,000

Data Source & Location | Piwik Web Analytics - annual report, page views sum for PHT and PHT\_Secure

#### Health System Improvement & Evidence-Based Decision Making

**Strategy 10-1.1** Conduct outreach and promotion of the tracking portal among Iowa Department of Public Health staff members and external public health stakeholders in Iowa.

Strategy Type  
Professional/provider-focused

##### Strategy Source & Location

Iowa Department of Public Health, Environmental Public Health Tracking Communication Plan

##### Who's Responsible

Iowa Department of Public Health, Data Management Program/Environmental Public Health Tracking Team

##### Target Date

Dec 31, 2020

## Health System Improvement & Evidence-Based Decision Making

**Objective 10-2** Increase the number of data sets on the Iowa Public Health Tracking Portal by one data set per year.

Baseline Year	Baseline Value	Target Year	Target Value
2016	14	2020	18

Data Source & Location  
Iowa Department of Public Health, Data Management Program

## Health System Improvement & Evidence-Based Decision Making

**Strategy 10-2.1** Use the Data Needs Assessment conducted by the University of Iowa in 2016-17 to determine key data sets to include on the Iowa Public Health Tracking Portal.

Strategy Type  
Policy-focused

### Strategy Source & Location

Iowa Department of Public Health, Data Management Program

### Who's Responsible

Iowa Department of Public Health, Data Management Program

Target Date  
Oct 31, 2017

## Health System Improvement & Evidence-Based Decision Making

**Strategy 10-2.2** COMPLETE: Develop Business Requirements with key program staff to define how data are presented and work with Iowa Department of Public Health, Information Management to develop data visualizations.

Strategy Type  
Policy-focused

### Strategy Source & Location

Iowa Department of Public Health, Data Management Program

### Who's Responsible

Iowa Department of Public Health, Data Management Program

Target Date  
Dec 31, 2020

### Report Date

Feb 9, 2018

### Progress on Strategy

☒ Complete ☐ On track ☐ Off track ☐ No progress

Progress notes: Requirements for dataset development for the portal were developed in partnership with key program staff.

## Health System Improvement & Evidence-Based Decision Making

**Objective 10-3** Increase the number of programs that have data on the tracking portal by one per year, using existing portal data sets.

Baseline Year	Baseline Value	Target Year	Target Value
2016	6	2020	10

Data Source & Location  
Iowa Department of Public Health, Data Management Program

## Health System Improvement & Evidence-Based Decision Making

**Strategy 10-3.1** Use the data needs assessment and other department strategy plans to identify key programs to engage with the tracking portal.

Strategy Type  
Policy-focused

### Strategy Source & Location

Iowa Department of Public Health, Data Management Program

### Who's Responsible

Iowa Department of Public Health, Data Management Program

Target Date  
Dec 31, 2018



## Health System Improvement & Evidence-Based Decision Making

**Strategy 10-3.2** COMPLETE: Develop Business Requirements with key program staff to define how data are presented and work with Iowa Department of Public Health, Information Management to develop data visualizations.

Strategy Type  
Policy-focused

### Strategy Source & Location

Iowa Department of Public Health, Data Management Program

### Who's Responsible

Iowa Department of Public Health, Data Management Program

### Target Date

Dec 31, 2020

### Report Date

Feb 9, 2018

### Progress on Strategy

☒ Complete ☐ On track ☐ Off track ☐ No progress

Progress notes: Requirements were developed for data visualizations and content in collaboration with program staff.

## Health System Improvement & Evidence-Based Decision Making

**Goal #11** Increase participation in all services of the Iowa Health Information Network (IHIN) to create a complete network for health information exchange.

### Alignment with National Plans

Office of the National Coordinator for Health Information Technology. *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap*

<https://www.healthit.gov/sites/default/files/hie-interoperability/nationwide-interoperability-roadmap-final-version-1.0.pdf>

### Alignment with State / Other Plans

Iowa Health Information Network Strategic and Operational Plan

[http://iowahealth.org/documents/cms/docs/Plans\\_and\\_Reports/2015/eHealth\\_Strategic\\_Plan\\_2015.pdf](http://iowahealth.org/documents/cms/docs/Plans_and_Reports/2015/eHealth_Strategic_Plan_2015.pdf)

## Health System Improvement & Evidence-Based Decision Making

**Objective 11-1** Increase the number of IHIN participants to meet ongoing sustainability needs by increasing the number of clinics and ambulatory physician practices, care facilities groups, and health/therapies groups.

Baseline Year	Baseline Value	Target Year	Target Value
2016	178	2018	225

Data Source & Location: IHIN Executive Summary

[http://iowahealth.org/documents/cms/docs/Plans\\_and\\_Reports/Executive\\_Summary/2016.08\\_IHIN\\_Executive\\_Summary.pdf](http://iowahealth.org/documents/cms/docs/Plans_and_Reports/Executive_Summary/2016.08_IHIN_Executive_Summary.pdf)

## Health System Improvement & Evidence-Based Decision Making

**Strategy 11-1.1** Connect all hospitals for submission of ADTs to the alert engine for ER/Admit/Discharge/Transfer.

### Strategy Type

Professional/provider-focused

### Strategy Source & Location

Event notification (alerting) is part of the Statewide Innovation Model grant program plan.

<https://dhs.iowa.gov/ime/about/initiatives/newSIMhome>

### Who's Responsible

Iowa Department of Public Health, Iowa Health Information Network Team

### Target Date

Feb 1, 2019

## Health System Improvement & Evidence-Based Decision Making

**Strategy 11-1.2** Increase providers connected to query function of the IHIN by leveraging EHR vendors.

### Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Health Information Network Strategic and Operational Plan

Who's Responsible

Iowa Department of Public Health, Iowa Health Information Network Team

Target Date

Dec 28, 2018

Health System Improvement & Evidence-Based Decision Making

**Goal #12** Develop, sustain, and enhance laboratory testing capabilities to detect and confirm novel anti-microbial resistance mechanisms to prevent transmission of difficult-to-treat pathogens.

Alignment with National Plans

National Strategy for Combating Antibiotic Resistant Bacteria

[https://www.whitehouse.gov/sites/default/files/docs/carb\\_national\\_strategy.pdf](https://www.whitehouse.gov/sites/default/files/docs/carb_national_strategy.pdf)CDC Antibiotic Resistance Lab Network <https://www.cdc.gov/drugresistance/solutions-initiative/ar-lab-networks.html>

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Cooperative Agreement - Antimicrobial-resistant bacteria

<https://www.cdc.gov/nceid/dpei/epidemiology-laboratory-capacity.html>Alignment with State / Other PlansIowa Antibiotic Resistance Task Force <http://idph.iowa.gov/antibiotic-resistance/iartf>Health System Improvement & Evidence-Based Decision Making**Objective 12-1**

Develop, sustain, and enhance laboratory testing capabilities to detect and confirm novel anti-microbial resistance mechanisms to prevent transmission of difficult-to-treat pathogens.

Baseline Year	Baseline Value	Target Year	Target Value
2016	0	2020	1

Data Source & Location | Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

Health System Improvement & Evidence-Based Decision Making**Strategy 12-1.1**

Train and educate State Hygienic Laboratory (SHL) and in-state laboratorians to identify and submit those organisms that the CDC designated as urgent and serious threats (e.g., multi drug resistant organisms).

Strategy Type

Professional/provider-focused

Strategy Source & Location

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

Who's Responsible

State Hygienic Laboratory (SHL) Microbiology staff, ILRN and Lab Benchmarking Google Group

Target Date

Jan 1, 2019

Health System Improvement & Evidence-Based Decision Making**Strategy 12-1.2**

Increase SHL laboratory capacity to perform routine confirmatory CLIA-compliant antibiotic susceptibility testing.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

Who's Responsible

State Hygienic Laboratory Microbiology staff

Target Date

Jan. 1, 2019

## Health System Improvement & Evidence-Based Decision Making

**Strategy 12-1.3** Increase laboratory capacity to perform carbapenem-resistance mechanism testing for the most common and important resistance mechanisms as recommended and updated annually by CDC.

### Strategy Type

Professional/provider-focused

### Strategy Source & Location

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23; K6 State CRE Laboratory Capacity  
[https://www.cdc.gov/drugresistance/biggest\\_threats.html](https://www.cdc.gov/drugresistance/biggest_threats.html)

### Who's Responsible

State Hygienic Laboratory Microbiology staff

### Target Date

Jan. 1, 2019

## Health System Improvement & Evidence-Based Decision Making

**Objective 12-2** Improve laboratory coordination and outreach/information flow for antimicrobial resistance monitoring throughout Iowa.

Baseline Year	Baseline Value	Target Year	Target Value
2016	0	2020	1 Improved outreach/information flow

Data Source & Location | Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

## Health System Improvement & Evidence-Based Decision Making

**Strategy 12-2.1** Coordinate connections between epidemiology and laboratory functions at state, city, county, and local levels. Develop testing and communication protocols, reporting process, and IT infrastructure to ensure timely testing and reporting of results to submitting facilities, state prevention epidemiologists, jurisdictional public health laboratories, and regional prevention partners.

### Strategy Type

Community-focused

### Strategy Source & Location

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

### Who's Responsible

Iowa Department of Public Health, Center for Acute Disease Epidemiology (CADE) staff, SHL Microbiology staff, ILRN and Lab Benchmarking Google Groups

### Target Date

Jan. 1, 2020

## Health System Improvement & Evidence-Based Decision Making

**Strategy 12-2.2** Utilize connections with the state HAI/AR prevention programs to improve outbreak response capacity for carbapenemase-producing *Enterobacteriaceae*.

### Strategy Type

Community-focused

### Strategy Source & Location

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

### Who's Responsible

Iowa Department of Public Health CADE staff, SHL Microbiology staff, ILRN and Lab Benchmarking Google Groups

### Target Date

Jan. 1, 2020

## Health System Improvement & Evidence-Based Decision Making

**Strategy 12-2.3** Coordinate connections with hospitals in the state to receive isolates in a timely manner.

### Strategy Type

Community-focused

### Strategy Source & Location

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

## Health System Improvement &amp; Evidence-Based Decision Making

**Goal #13** Increase the laboratory workforce in Iowa to meet future demands.

## Alignment with National Plans

Healthy People 2020, Access to Quality Health Services and Support

<https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>American Society for Clinical Pathology (ASCP). *Building a Laboratory Workforce to Meet the Future*<https://www.ascp.org/content/docs/default-source/pdf/advocacy/c8d427b2-aa0b-43b9-8b00-743af471a27a.pdf?sfvrsn=2>

## Alignment with State / Other Plans

Kirkwood Community College Plan

## Health System Improvement &amp; Evidence-Based Decision Making

**Objective 13-1** Increase the total number of available training programs in Iowa.

Baseline Year	Baseline Value	Target Year	Target Value
2017	9	2020	10

Data Source & Location: National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) accredited and approved program listing. In Iowa there are currently 4 medical laboratory technician (MLT) programs that offer a 2 year training course culminating in an AS and national certification. There are 5 medical laboratory scientist (MLS) programs that can be completed either as a 1 year post-baccalaureate program or a 3 + 1 year BS program.

<http://www.naacls.org/Find-a-Program.aspx>

## Report Date

Feb 21, 2019

## Year

2018

## Value

10

## Progress on Objective

- ☒ Met, trend in right direction ☐ Not met, trend in right direction
- ☐ Met, no trend ☐ Not met, no trend
- ☐ Met, trend in wrong direction ☐ Not met, trend in wrong direction

Progress notes: The program was approved and the first class began training in the 2018 Fall Semester with 9 students. Kirkwood is working with local facilities to serve as training partners for student practicum experiences. SHL plans to provide on-site microbiology lab training in 2019.

## Health System Improvement &amp; Evidence-Based Decision Making

**Strategy 13-1.1** Utilize educational and technical expertise from SHL staff to develop adjunct instructors and increase professional development.

## Strategy Type

Professional/provider-focused

## Strategy Source &amp; Location

Develop training and case based scenarios for the HS science academy students. Develop staff educational training.

## Who's Responsible

State Hygienic Laboratory

## Target Date

Jan. 1, 2019

## Report Date

Feb 21, 2019

## Progress on Strategy

- ☒ Complete ☐ On track ☐ Off track ☐ No progress

Progress notes: Two SHL staff taught the Biosafety course which interested others to volunteer for teaching other courses. One staff member assists with clinical chemistry training and others plan to provide microbiology instruction as well.

**Strategy 13-1.2** Establish a new medical laboratory technician (MLT) program at Kirkwood Community College.

Strategy Type  
Policy-focused

Strategy Source & Location

New strategy

Who's Responsible

State Hygienic Laboratory

Target Date

Jan 1, 2019

Report Date

Feb 21, 2019

Progress on Strategy



Complete



On track



Off track



No progress

Progress notes: The program was approved by the state and SHL worked with the Kirkwood Community College program director to develop curricula that will lead to full accreditation.

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## Iowa Health Issue: Transportation

### Iowa Counties with Local Strategies

Dallas, Davis, Delaware, Greene, Henry, Humboldt, Iowa, Lee, Linn, Lucas, Mills, Pocahontas, Pottawattamie, Poweshiek, Sioux, Van Buren

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

## Goals, Objectives & Strategies

### Transportation

**Goal #1** Provide transportation to health care services by making available State Transit Assistance Special Project funds to Iowa's 35 public transit agencies.

#### Alignment with National Plans

National Prevention Council Action Plan

<https://www.surgeongeneral.gov/priorities/prevention/strategy/healthy-safe-environments.pdf>

#### Alignment with State / Other Plans

Transportation Coordination in Iowa

<http://publications.iowa.gov/23108/1/2016%20Transportation%20Coordination%20in%20Iowa.pdf>

### Transportation

Objective 1-1	Through regional transportation planning agencies and public transit agencies, identify projects for persons needing access to public transit for health prevention and medical-related services.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	TBD	2021	5

Data Source & Location | Iowa Department of Transportation, to be developed.

### Transportation

**Strategy 1-1.1** Encourage local public health agencies to work with regional planning agencies and the public transit agencies in identifying projects related to accessing health-related services.

#### Strategy Type

Community-focused

#### Strategy Source & Location

Iowa Department of Transportation

#### Who's Responsible

Iowa Transportation Coordination Council and the Iowa Department of Public Health

#### Target Date

Jan 1, 2020

### Transportation

**Strategy 1-1.2** Update and promote the Health Care and Public Transit publication.

#### Strategy Type

Professional/provider-focused

#### Strategy Source & Location

Iowa Department of Transportation

#### Who's Responsible

Iowa Department of Public Health, Iowa Department of Transportation Office of Public Transit, the state-wide mobility manager, and the Iowa Transportation Coordination Council.

#### Target Date

Jan 1, 2020

## Iowa Health Issue: Insurance Affordability & Coverage

### Iowa Counties with Local Strategies

Calhoun, Louisa, Poweshiek, Ringgold, Scott, Sioux

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Insurance Affordability & Coverage

**Goal #1** Reduce the number of Iowa's children and pregnant women who are un- or under-insured.

#### Alignment with National Plans

Healthy People 2020, Access to Health Services

<https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

#### Alignment with State / Other Plans

N/A

#### Insurance Affordability & Coverage

Objective 1-1	Increase the number of children enrolled in Iowa's Child Health Insurance Program (CHIP) by 10% by 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	58,199	2020	64,019

Data Source & Location | Iowa Department of Human Services Annual Report of the Healthy and Well Kids in Iowa (**Hawki**) board to the Governor, General Assembly, and Council on Human Services. Available at <https://dhs.iowa.gov/ime/about/hawk-i-annual-reports>

#### Insurance Affordability & Coverage

**Strategy 1-1.1** **Hawki** outreach coordinators will promote outreach activities for the following: schools, faith-based, medical & dental providers and diverse ethnic populations.

Strategy Type  
Community-focused

#### Strategy Source & Location

Title V Child and Adolescent Health Program Strategy <https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program>

#### Who's Responsible

Iowa Department of Public Health, Title V Child and Adolescent Health Program - local contract agencies

#### Target Date

Sep 30, 2020

#### Insurance Affordability & Coverage

Objective 1-2	Increase the number of children approved for presumptive eligibility by 10% by 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	5,753	2020	6,868

Data Source & Location | Iowa Department of Human Services Annual Report of the Healthy and Well Kids in Iowa (Hawki) board to the Governor, General Assembly, and Council on Human Services. Available at <https://dhs.iowa.gov/ime/about/hawk-i-annual-reports>

#### Insurance Affordability & Coverage

**Strategy 1-2.1** Iowa Department of Human Services will enroll additional qualified entities who are eligible to submit presumptive eligibility applications.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Department of Human Services, Medicaid initiatives

<https://dhs.iowa.gov/ime/providers/tools-trainings-and-services/medicaid-initiatives/pe>

Who's Responsible

Iowa Department of Human Services - Hawki program

Target Date

Jan 1, 2020

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## Iowa Health Issue: Lack of Primary Care Services

### Iowa Counties with Local Strategies

Davis, Keokuk, Linn, Muscatine, Scott

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Lack of Primary Care Services

**Goal #1** Coordinate care for children and youth with special health care needs (CYSHCN) through a medical home.

#### Alignment with National Plans

Title V National Priority Measure <https://mchb.tvisdata.hrsa.gov/uploadedfiles/Documents/blockgrantguidanceappendix.pdf>

#### Alignment with State / Other Plans

Iowa Title V Maternal and Child Health State Action Plan, 2016. <https://mchb.tvisdata.hrsa.gov/Home/StateActionPlan>

Iowa Title V CYSHCN Program Goal

#### Lack of Primary Care Services

Objective 1-1	By 2020, 80% of CYSHCN served by Child Health Specialty Clinics' Pediatric Integrated Health Home program and on the Children's Mental Health Waiver will have a Shared Plan of Care (SPoC) in place.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	0%	2020	80%

Data Source & Location | DCCH Chart Reviews

#### Lack of Primary Care Services

**Strategy 1-1.1** In collaboration with family representatives, provide feedback on the Iowa Shared Plan of Care template that can be used by multiple systems and programs.

Strategy Type  
Policy-focused

#### Strategy Source & Location

Iowa Title V Maternal and Child Health State Action Plan, 2016

#### Who's Responsible

DCCH Medical Home Workgroup

#### Target Date

Jan 1, 2021

#### Report Date

Mar 1, 2019

#### Progress on Strategy

☒ Complete ☐ On track ☐ Off track ☐ No progress

Progress notes: Feedback was given and the template adjusted to fit the needs of families and providers. Due to rule changes within the managed care organizations (MCOs) a new template is being used for all Shared Plans of Care. These templates were developed by the MCOs.

#### Lack of Primary Care Services

**Strategy 1-1.2** Define the entities involved in a Shared Plan of Care and educate those entities about the definition and importance of a Shared Plan of Care.

Strategy Type  
Professional/provider-focused

#### Strategy Source & Location

Iowa Title V Maternal and Child Health State Action Plan, 2016

Who's Responsible  
DCCH Medical Home Workgroup

Target Date  
Jan 1, 2021

Report Date  
Mar 1, 2019

Progress on Strategy

☒ Complete ☐ On track ☐ Off track ☐ No progress

Progress notes: School, primary care providers, and waiver service providers are all involved in the implementation of a Shared Plan of Care. Print and electronic materials are used to educate partners on the definition and importance of a Shared Plan of Care for CYSHCN.

Lack of Primary Care Services

**Strategy 1-1.3** Disseminate Shared Plan of Care template broadly and provide Shared Plan of Care training to families and other stakeholders of CYSHCN.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Iowa Title V Maternal and Child Health State Action Plan, 2016

Who's Responsible  
DCCH Medical Home Workgroup

Target Date  
Jan 1, 2021

Lack of Primary Care Services

**Objective 1-2** By 2020, 80% of primary care providers who serve children seen by Child Health Specialty Clinics' Pediatric Integrated Health Home Program and on the Children's Mental Health Waiver are educated about the use of the Shared Plan of Care to share information and coordinate care with specialists and the care team.

Baseline Year	Baseline Value	Target Year	Target Value
2015	0%	2020	80%

Data Source & Location  
DCCH program records

Lack of Primary Care Services

**Strategy 1-2.1** Develop tools and trainings that will inform providers, staff, and families of CYSHCN on the importance of the Shared Plan of Care and how to use it, assuring that families receive coordinated, family-centered care that is documented. This would include providing information on how to refer CYSHCN to relevant care coordinators and other resources in their communities.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Title V Maternal and Child Health State Action Plan, 2016

Who's Responsible  
DCCH Medical Home Workgroup

Target Date  
Jan 1, 2021

Lack of Primary Care Services

**Strategy 1-2.2** Provide trainings to families on coordinated, family-centered care.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Iowa Title V Maternal and Child Health State Action Plan, 2016

Who's Responsible  
DCCH Medical Home Workgroup

Target Date  
Jan 1, 2021

## Lack of Primary Care Services

**Goal #2** Increase in the number of young children who receive a vision screening.

### Alignment with National Plans

Healthy People 2020, Vision <https://www.healthypeople.gov/2020/topics-objectives/topic/vision>

### Alignment with State / Other Plans

N/A

## Lack of Primary Care Services

Objective 2-1	Provide vision screenings in communities throughout Iowa to children 6 months of age through kindergarten at no charge to families.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	46,025	2021	51,750

Data Source & Location | Iowa KidSight Screening Stats. Iowa Children Screened by Year/Month.  
[http://www.medicine.uiowa.edu/kidsight/Screening\\_Statistics/](http://www.medicine.uiowa.edu/kidsight/Screening_Statistics/)

## Lack of Primary Care Services

**Strategy 2-1.1** Train volunteers to conduct vision screenings for young children in their local communities. Strategy Type  
Community-focused

### Strategy Source & Location

Department of Ophthalmology & Visual Sciences, University of Iowa

### Who's Responsible

Lions Clubs of Iowa and the University of Iowa Stead Family Children's Hospital,  
Department of Ophthalmology & Visual Sciences

### Target Date

Dec 31, 2018

## Lack of Primary Care Services

**Goal #3** Improve access to preventive care and chronic care management services through pharmacists in Iowa communities.

### Alignment with National Plans

Community pharmacy enhanced services network  
<https://www.communitycarenc.org/population-management/pharmacy/community-pharmacy-enhanced-services-network-cpesn/>

### Alignment with State / Other Plans

Aligns with the state innovation model <http://www.ihconline.org/asp/sim/sim.aspx>

Iowa Healthcare Collaborative has a Statewide Strategy designated to increasing vaccination rates.  
<http://www.ihconline.org/asp/toolkits.aspx>

## Lack of Primary Care Services

Objective 3-1	Expand preventive care and chronic care management services that are provided at local pharmacies and covered by patients' health plans.	Baseline Year	Baseline Value	Target Year	Target Value
		2017	At least 2 payers	2021	4

Data Source & Location | Internal data from CPESN and Iowa Pharmacy Association

### Lack of Primary Care Services

**Strategy 3-1.1** Iowa Pharmacy Association will administratively support the CPESN leaders to foster growth of pharmacist services including immunizations, chronic disease management, medication reconciliation, and other services that will help meet community needs with the lack of primary care services in Iowa.

Strategy Type  
Professional/provider-focused

#### Strategy Source & Location

There are 5 pharmacists leading this initiative (called luminaries) and committees formed to include leaders in the CPESN. Iowa following a similar model which began in North Carolina to form the Iowa CPESN:

<https://www.communitycarenc.org/population-management/pharmacy/community-pharmacy-enhanced-services-network-cpesn/>

#### Who's Responsible

Iowa Pharmacy Association

#### Target Date

Jan 1, 2021

#### Report Date

Apr 12, 2019

#### Progress on Strategy

☒ Complete ☐ On track ☐ Off track ☐ No progress

Progress notes: IPA has continued to support CPESN® Iowa by offering education, tools, and resources to transform their practice sites and succeed in value-based healthcare models. Recently CPESN® Iowa hired an executive director for day-to-day management which will greatly increase the capacity of the network. IPA will continue to provide regular support.

### Lack of Primary Care Services

**Strategy 3-1.2** Iowa Pharmacy Association will continue to encourage our members to advocate to pass federal provider status legislation for pharmacists.

Strategy Type  
Policy-focused

#### Strategy Source & Location

Patient Access to Pharmacists' Care Coalition <http://pharmacistscare.org/>

#### Who's Responsible

Iowa Pharmacy Association

#### Target Date

Jan 1, 2021

### Lack of Primary Care Services

**Strategy 3-1.3** Share successful models from other states with the Medicaid Managed Care Organizations and commercial payers to expand coverage to pharmacist services.

Strategy Type  
Professional/provider-focused

#### Strategy Source & Location

New strategy

#### Who's Responsible

Iowa Pharmacy Association

#### Target Date

Jan 1, 2021

#### Lack of Primary Care Services

**Goal #4** Ensure a stable health and long-term care direct care workforce prepared to provide quality care and support to Iowans.

#### Alignment with National Plans

Healthy People 2020, Access to Health Services

<https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

#### Alignment with State / Other Plans

Iowa Workforce Survey 2016: Direct Care, Supports, and Service Workers

[http://www.iowacaregivers.org/uploads/pdf/workforce\\_report.pdf](http://www.iowacaregivers.org/uploads/pdf/workforce_report.pdf)

#### Lack of Primary Care Services

##### **Objective 4-1**

Collaborate and work in partnership on a common agenda of taking ACTION and implementing SOLUTIONS to build the health and long-term care workforce of the future, inclusive of the direct care workforce, and be prepared for the changes in the health care delivery system.

Baseline  
Year

2015

Baseline  
Value

No  
common  
agenda

Target  
Year

2019

Target  
Value

1  
common  
agenda

Data Source  
& Location

Iowa Caregivers

#### Lack of Primary Care Services

##### **Strategy 4-1.1**

Take advantage of opportunities to collaborate with partners/stakeholders; e.g., Elevate Aging, Skills to Compete, Future Ready Iowa, on a common agenda and inform public policy about the current and future health and long-term care delivery system in Iowa, workforce barriers and challenges, and models of policies or initiatives that are working in Iowa and other states.

##### Strategy Type

Community-focused

##### Strategy Source & Location

Iowa Caregivers

##### Who's Responsible

Iowa Caregivers

##### Target Date

Jun 30, 2019

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